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CLAIM FOR REFUND

Gahanna Income Tax Dept.
200 S. Hamilton Rd.
Gahanna, Ohio 43230-2996

This form must cover one calendar year and one employer only.
FORM W-2 MUST BE ATTACHED.

1. NAME OF APPLICANT _____
LAST NAME FIRST NAME MIDDLE
2. PRESENT ADDRESS _____
STREET & NUMBER CITY & STATE ZIP
3. SOCIAL SECURITY NO. _____ CITY OF EMPLOYMENT _____
4. WITHHOLDING ACCOUNT NO. _____ (See instructions for Line 4 — Employers only)

THE UNDERSIGNED HEREBY MAKES CLAIM FOR REFUND OF GAHANNA INCOME TAX

5. IN THE AMOUNT OF \$ _____
6. WHILE IN THE EMPLOY OF _____
7. FOR THE PERIOD (DATES): FROM: _____ TO: _____
8. RESIDENT ADDRESS FOR THIS PERIOD _____
STREET & NUMBER CITY & STATE ZIP
9. REASON (explain fully and attach schedule of dates and locations worked out) _____

AND FURTHER STATES THAT SAID REFUND HAS NOT BEEN RECEIVED BY HIM. TAXPAYER ALSO UNDERSTANDS THIS INFORMATION MAY BE RELEASED TO TAX ADMINISTRATION OF THE CITY OF RESIDENCE AND THE I.R.S.

DATE _____ SIGNED _____ PHONE _____
CLAIMANT'S SIGNATURE

CERTIFICATION OF EMPLOYER

I/We hereby certify that the above employee was employed by the undersigned during the period for which said employee makes claim for refund and that the total amount of \$ _____ was withheld for the year _____; that said employee was not during the period claimed above, working inside corporate limits of the City; that no portion of said tax withheld has been or will be refunded to said employee; and that no adjustment has been or will be made in remitting taxes withheld to the city.

NAME OF EMPLOYER _____ By: _____
SIGNATURE OF OFFICER

DATE _____ FID _____ TITLE _____ PHONE _____

- NOTICE:
- This refund may result in an amendment to Federal, State, or other city tax returns.
 - Refund of \$10.00 or more are reported to I.R.S.
 - Please allow 90 days for processing of your refund request.

(SEE INSTRUCTIONS ON REVERSE SIDE)

GENERAL INSTRUCTIONS

A. BY WHOM THIS CLAIM IS TO BE USED:

1. A non-resident who performs less than 100% service within the corporate limits of the city indicated and whose city income tax has been withheld by his employer.
2. An employer who has remitted to the city indicated in error, city income tax withheld from his employees.
3. An individual under the age of 18.

B. This claim must set forth in detail each ground upon which it is made, and facts sufficient to apprise the Income Tax Division of the exact basis thereof.

C. In the case of an employee, claimant's copy of Form W-2 must be attached. Claimant should use W-2 copy provided for local or city taxes since W-2 form(s) will not be returned.

D. A claim for refund due to being under 18 years of age, MUST be accompanied by a copy of the birth certificate or a notarized statement of either parent giving exact birth date of claimant. A photo copy of your current driver's license will suffice as proof of age. Do not submit an original birth certificate as it will not be returned.

E. The working year consists of 260 days (Saturday and Sunday are not considered working days). Sick, vacation and holiday pay should be prorated in same proportion as time worked out of the city indicated. (260 minus sick, vacation and holidays equals days worked. Total wages divided by days worked equals wages per day. This, times days worked outside city limits, equals non-liability). See NON-RESIDENT FORMULA.

F. Certification of employer must be completed by him or his authorized officer or agent. A certification of employer is not required for taxpayers under the age of 18.

G. An employer applying for refund of city income tax paid in error in excess of the amount of tax withheld by him, must file an amended Form W-1 showing accurate figures for the quarter so affected.

INSTRUCTIONS FOR COMPLETING CLAIM FORM

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| Line 1 | Print full name (last name first, first name and middle initial). |
| Line 2 | Print current full address including city, state and zip. |
| Line 3 | Clearly show social security number and city where you worked. |
| Line 4 | To be used by EMPLOYERS ONLY who are applying for refund of withheld city income tax remitted to the City of Gahanna in error. |
| Line 5 | Amount of refund applied for. |
| Line 6 | Give full name of employer during period covered by this claim. |
| Line 7 | State the period by dates that this claim covers within a calendar year. A separate claim must be filed for each year involved. |
| Line 8 | Show resident address for period of time covered by the claim. |
| Line 9 | Explain fully and concisely why city income tax should be refunded. ATTACH SCHEDULE OF DATES AND LOCATIONS WORKED OUTSIDE THE CITY and any other pertinent information if the space provided is insufficient. |

IF ALL INSTRUCTIONS ARE NOT FOLLOWED,
CLAIM WILL NOT BE APPROVED
AND WILL BE RETURNED.

REFUND REQUESTS WILL NOT BE HONORED beyond three years from the date the taxes were due.